



Department use only

Registration #

Date Received

Invoice #

FACILITY REGISTRATION APPROVAL REQUEST

Please note that applications will not be processed until a complete submission is received to include this application and payment of the review fee. Submissions are reviewed on a first come-first serve basis, in the order they are received and deemed a complete submission. ***Processing time is approximately 10-15 business days, excluding weekends and holidays.***

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- Application Fee of \$62.50 - ***This request cannot be processed without this fee.***

Select one: **I am requesting an invoice to pay electronically**

Check is enclosed.

❖ Invoice will be issued within 1-3 business days of receipt of request

- Shielding Plan, if applicable. If a shielding plan(s) is required, each plan must be submitted along with form SCDES 0846 Shielding Plan Review Application.

****All Sections of form must be completed or indicated as not applicable.**

Purpose for Request. Please select one:

New Facility

Acquisition of an existing facility (Existing facility's name, address, and registration #)

Existing Facility Name: _____

Address: _____

Registration #: _____ Date of ownership change: _____

Facility Information:

Facility Name: _____

Facility Location Address: _____

Facility Mailing Address: _____

Facility Phone number: _____ Facility E-mail: _____

Give full names of partners, co-owners, etc. (if applicable): _____

If there are corporate owners, give full name of Corporation, etc. (if applicable): _____

Facility Contact:

Name and Title: _____

Contact Phone number: _____ Contact Fax number: _____

Contact E-mail: _____

Billing Contact:

Billing Company (if different from facility): _____

Billing Contact Name and Title: _____

Billing Contact Mailing Address: _____

Billing Contact Phone number: _____ Billing Contact Fax number: _____

Billing Contact E-mail: _____

Radiation Safety Officer (RSO)

Name and Title: _____

RSO Mailing Address: _____

RSO Phone number: _____ RSO Fax number: _____

RSO E-mail: _____

Qualifications of RSO: _____

List all Licensed Practitioners (who will order and/or read at this facility), with license numbers (All License #'s will be verified):

Name	License #	Name	License #

For more information regarding licensing in South Carolina, please refer to: <http://www.llr.state.sc.us/>.

Equipment Type (refer to list on instructions page; list all that apply): _____**Mobile/Handheld:** Yes No Which units are mobile/handheld? _____**Facility Type (refer to list on instructions page):** _____**Digital:** Yes No Expected date of installation: _____**Shielding Plan log #(s), if applicable** _____

*For more information regarding shielding plans, please refer to Regulation 61-64 X-rays (Title B), RHB 4.4.

You may access the regulations here: [X-Ray Regulations | South Carolina Department of Environmental Services](#)

***These vendors must be registered with SCDES in order to provide x-ray services in South Carolina.**

Sales Vendor:

Sales Company Name: _____ Registration number: _____

Sales Location Address: _____

Sales Phone number: _____ Sales Fax number: _____

Sales Contact name and title: _____

Sales E-mail: _____

Installation Vendor (if different from sales vendor):

Installation Company Name: _____ Registration number: _____

Installation Location Address: _____

Installation Phone number: _____ Installation Fax number: _____

Installation Contact name and title: _____

Installation E-mail: _____

Shielding Vendor (if applicable):

Shielding Company Name: _____ Registration number: _____

Shielding Location Address: _____

Shielding Phone number: _____ Shielding Fax number: _____

Shielding Contact name and title: _____

Shielding E-mail: _____

Signature of RSO: _____ **Date:** _____

This request cannot be processed without the signature of the RSO.

Printed name of RSO: _____

Please Return To:

By mail to: **X-ray Facility Registration**
 SCDES-Radiation Protection Program
 2600 Bull Street
 Columbia, SC 29201

By e-mail to: [**XRayFRA-ShieldingPlans@des.sc.gov**](mailto:XRayFRA-ShieldingPlans@des.sc.gov)

Facility Registration Approval Request

Instructions for completing D-0845

PURPOSE:

This form is for the Facility Registration Approval Request. Any facility planning to install an x-ray producing machine shall apply for and receive a Facility Registration Approval prior to the installation of the x-ray machine.

ITEM BY ITEM INSTRUCTIONS:

Enclose the Following Items with this Form – Indicate payment form.

Purpose for Request – Indicate by selecting the appropriate purpose for the request. If acquiring an existing facility, include existing facility information and the date the ownership changed.

Facility Name – This refers to the person or company planning to install the x-ray producing machine.

Facility Location Address – Give the address where the machine will be physically located.

Facility Mailing address – Give the mailing address if different from the location address.

Facility Phone Number – Self-explanatory.

Facility Email – Self-explanatory.

Names of partners, co-owners, etc. – Full names of partners, co-owners, etc. if applicable.

Name of Corporate owner, if applicable. – Self-explanatory.

Facility Contact Name and title – The person responsible for the submission of this request.

Contact Phone Number – Self-explanatory.

Contact Fax Number – Self-explanatory.

Contact E-mail – Self-explanatory.

Billing Company – Billing company name if different from the facility name.

Billing Contact Name and title – The person responsible for the payment of bills.

Billing Contact Mailing Address – Self-explanatory.

Billing Contact Phone Number – Self-explanatory.

Billing Contact Fax Number – Self-explanatory.

Billing Contact E-mail – Self-explanatory.

Radiation Safety Officer (RSO) – Give the name of the person who will be responsible for radiation protection at the facility.

RSO Mailing Address – Self-explanatory.

RSO Phone Number – Self-explanatory.

RSO Fax Number – Self-explanatory.

RSO E-mail – Self-explanatory.

Qualifications of RSO – List the qualification/training of the RSO.

Doctors at the facility - Give the name and SC license number of each doctor who will order and/or read at this facility.

Equipment Type – Indicate the equipment type using the list below.

Mobile/Handheld – Check Yes or No. Indicate which unit(s) are mobile/handheld.

Facility Type – Indicate the facility type using the list below.

Digital – Check Yes or No.

Expected date of installation – Self-explanatory.

Shielding Plan log #(s) (if applicable) – Give the log # of each accepted shielding plan.

Sales company name – Self-explanatory.

Sales Registration # - SC registration # of sales vendor.

Sales Location address – Self-explanatory.

Sales Phone Number – Self-explanatory.

Sales Fax Number – Self-explanatory.

Sales Contact name and title – Contact person name and title for Sales vendor.

Sales Vendor E-mail – Self-explanatory.

Installation company name – Self-explanatory.

Registration # - SC registration # of installation vendor.

Installation Location address – Self-explanatory.

Installation Phone Number – Self-explanatory.

Installation Fax Number – Self-explanatory.

Installation Contact name and title – Contact person name and title for installation vendor.

Installation E-mail – Self-explanatory.

Shielding company name – Self-explanatory.

Registration # - SC registration # of shielding vendor.

Shielding Location address – Self-explanatory.

Shielding Phone Number – Self-explanatory.

Shielding Fax Number – Self-explanatory.

Shielding Contact name and title – Contact person name and title for shielding vendor.

Shielding E-mail – Self-explanatory.

Signature of RSO – Must be signed by the RSO.

Date – Date signed by RSO

Printed name of RSO – Must be legibly printed.

OFFICE MECHANICS AND FILING:

When the FRA request forms are received, stamp the form and all attachments with the date received. After review and approval, the form and all attachments are placed into the registrant's file, and the FRA approval is returned to the registrant for their records. The retention schedule series for this form is 11908- X-Ray Files and/or 6470 mammography Files. These forms are maintained in facility files and purged 3 years after the termination of the facility.

Type of Facility

Academic	Analytical/Industrial	Chiropractic	Dental
Hospital	Medical	Podiatry	Prison
Radiation Therapy	Security	Veterinarian	Other (Specify)

Type of Equipment

Accelerator (Non-human use)	Baggage Checker	Breast CT	Bone Densitometer
Cabinet X-ray	C-arm fluoroscopic	Cephlometric	Ceph/Dental
Combination (Rad/Fluoro)	CT Scanner	CT Simulator	Dental (Intraoral)
Dental CT	Diffraction	Electron Microscope	Fluoroscopic
Lithotripter	Mammography	O-arm	Panoramic
PET/CT Scanner	Radiographic	Simulator	Shielded Room (Radiographic)
Spectograph	SPECT/CT Scanner	Stereotactic	Therapy (Accelerator human use)
X-ray Fluorescence	X-ray Gauge	Mobile CT Scanner	Other (Specify)